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(Requestor's Name)			
(Address)			
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(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
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Special Instructions to Filing Officer.			
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COVER LETTER

Registration Section
Division of Corporations

TO:

SUBJECT: Michael Leonard Construction & Consulting LLC				
		ed Liability Company		
	of Organization and fee(s) are	-		
Michael Leor	ard			
WICHAEL LEGI	laiu	Name of Person		
84 :abaal laaa				
Michael Leor	ard Construction & Cons	. · · · · · · · · · · · · · · · · · · ·		
		Firm/Company		
817 Palmetto	Street		AA AA	
		Address	S N	
			4.83.83.83.84.14.14.14.14.14.14.14.14.14.14.14.14.14	
New Smyrna	Beach, FL. 32168		<u> </u>	
***************************************	Cit	y/State and Zip Code	<u>ြို့်</u> မှာ	
BPS5689@at	t.net			
	E-mail address: (to be used to	for future annual report notification)	15 - 63	
For further information	concerning this matter, please	e cail:		
Michael Leonard		at (757) 589-0253		
Name	of Person	Area Code & Daytime Teleph	none Number	
Enclosed is a check f	or the following amount:			
☑\$125.00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	Certified Copy	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Cir Tallahassee, FL 32301	rcle	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company i	is:		
Michael Leonard Construction & Cons			
(Must end with the words "Limited Lia	ability Company, "L.L.C.," or "LLC.")		
ARTICLE II - Address: The mailing address and street address of the	principal office of the Limited Liabi	lity Company is:	
Principal Office Address:	Mailing Address:		
Michael Leonard	817 Palmetto Street		
ARTICLE III - Registered Agent, Register (The Limited Liability Company cannot serve as its own Registers business entity with an active Florida registration.) The name and the Florida street address of the Mike Kirk Name 817 Palmetto Street	gistered Agent. You must designate an individual e registered agent are:	2010 SEP 24 PM 3: 20 ALLA MAPS SEE, FLORIBA	
Florida street a	address (P.O. Box NOT acceptable)		
	FL 32168 State, and Zip		

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S.

Registered Agent's Signature (REQUIRED)

(CONTINUED)
Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows: Name and Address: "MGR" = Manager "MGRM" = Managing Member MGR Michael Leonard 817 Palmetto Street New Smyrna Beaach, FL. 32168 (Use attachment if necessary) **ARTICLE V:** Effective date, if other than the date of filing: . (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.) **REQUIRED SIGNATURE:** Signature of a member or an authorized representative of a member.

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)

Michael Leonard

that the facts stated herein are true.)

\$ 5.00 Certificate of Status (Optional)

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury

Typed or printed name of signee